1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

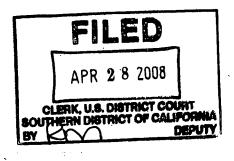
25

26

27

28

2254	1983
FILIN Yes	GPES PARD
HPP MC	TION PILED
COPI	OF THEBE
Court	_frede



TED STATES DISTRICT COURT.

*ERN DISTRICT OF CALIFORNIA

A. HEJGPETH Defendant CV 0767 BTM WMc

PLICATION TO PROCEED

I EUGIENE ORANGE declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. Loffer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Are you presently employed?

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

_____ Net: _____ Gross:

Employer: _

If the answer is "no," state the date of last employment and the amount of the gross and net salary

PRIS. APP. TO PROO. IN FORMA PAUPERIS



	t prior to imprisonment.)	
UNIX	Now	
		C. C. C. U.
2. Hav	e you received, within the past twelve (12) months, any money from any of the follows
sources:	,	· · · · · · · · · · · · · · · · · · ·
a.	Business, Profession or	Yes No 📐
	self employment	Δ.
b.	Income from stocks, bonds,	Yes No 🂢
	or royalties?	
c.	Rent payments?	Yes No(X
đ.	Pensions, annuities, or	Yes No <u> </u>
	life insurance payments?	
e.	Federal or State welfare payments,	Yes No 📐
	Social Security or other govern-	
	ment source?	
If the answer	is "yes" to any of the above, describe	each source of money and state the amount
received from		,
3. Are	you married?	Yes No 🔼
	Name:	
	ce of Employment:	
•	nthly Salary, Wages or Income:	
•		0
Gross \$	List amount you contribute to your	- O

and indicate how m	uch you contribute toward their support. (NOTE: For minor
children, list only the	eir initials and ages. DO NOT INCLUDE THEIR NAMES.)
5. Do you own or are you buyi	ing a home? Yes No X
Estimated Market Value: \$	Amount of Mortgage: \$
6. Do you own an automobile?	No. No. X
Make Year	r Model
Is it financed? Yes No X	If so, Total due: \$
Monthly Payment: \$ 0	<u> </u>
7. Do you have a bank account	1? Yes No X (Do not include account numbers.)
Name(s) and address(es) of bank: _	
Transca and and and	
Present balance(s): \$	
Do you own any cash? Yes N	No <u></u> Amount: \$
Do you have any other assets? (If ")	yes," provide a description of each asset and its estimated
market value.) Yes No	
<u></u>	
8. What are your monthly expe	enses?
Rent: \$	Utilities:
Food: \$	Clothing:
Charge Accounts:	
,	nthly Payment Total Owed on This Acc
Ø \$	<u> </u>
	<u>o</u> s <u>o</u>
O \$	O \$
	? (List current obligations, indicating amounts and to whom
they are payable. Do not include acc	
iney are payable. Do not melade acc	· · · · · · · · · · · · · · · · · · ·

- 3 -

1	
2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	
4	other lawsuits? Yes No No Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
5	•
6	they were filed.
7	<u>XCO</u>
8	from my trust account and paying to the court the
9	l consent to prison officials withdrawing from my trust account and paying to the court the
1.0	initial partial filing fee and all installment payments required by the court.
11	I declare under the penalty of perjury that the foregoing is true and correct and understand
12	that a false statement herein may result in the dismissal of my claims.
13	4-15-08 Eygne OKMS
14	SIGNATURE OF APPLICANT
15	DATE
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

- 5 -

REPORT ID: TS3030 .701

REPORT DATE: 04/21/08

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS

KERN VALLEY STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU APR. 21, 2008

ACCOUNT NUMBER : V64598

BED/CELL NUMBER: FCB800000000202L

ACCOUNT NAME : ORANGE, EUGENE

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	M DEPOSITS	WITHDRAWALS	BALANCE
						•	
10/01/	/2007	BEGINNING BA	ALANCE			•	0.00
ACT1	IVITY	FOR 2008					
03/06*	VD54	INMATE PAYROL	1399/FEB92		3.27		3.27
03/11	W516	LEGAL COPY CH	1442/LCOPY			0.75	2.52

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/10/05

CASE NUMBER: *SCN165993

2.52

COUNTY CODE: *SD

FINE AMOUNT: \$ 56,727.37

DATE

TRANS. DESCRIPTION TRANS. AMT.

BALANCE

0.00

10/01/2007 BEGINNING BALANCE

03/17 FC03 DRAW-FAC 3 1479/FC3D

56,727.37

03/06/08

VR54

RESTITUTION DEDUCTION-SUPPORT

3.63-

56,723.74

- * THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
- * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	3.27	3.27	0.00	0.00	0.00

CURRENT AVAILABLE BALANCE

0.00

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION